U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
	(AUG 16:AID
Е	CAM M

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7753		2. Fiscal Year Covered From:					
					1 / 1 / 2004	Through: 12 / 31	2004
3. Name	and address of person filing	g.		4. Name	, file number, and address o	f labor organization.	
Name	Kevin	Neuendorf		Name	Sheet Metal Worke	rs AFL/CIO Local	Union 263
				Labor	Organization File Number	023-962	
P.O. B	ox, Bldg., Room No., if any		the chipter should be a market and the chipter of t	P.O. B	ox, Building and Room Nurr	aber, if any	nanisan in nasara in nasara in nasara in Moderna in minina in indonesia in manana in nasara in nasara in nasara
Street	2939 61st Street	Trail		Street	1211 Wiley Blvd.	SW	
City	Vinton		The state of the s	City	Cedar Rapids	tti dista kitatanian muunuman seesaassa seesaa sa	
State	Iowa	ZIP Code + 4	52349	State	Iowa	ZIP Code + 4	52404-1320
Positi	on in labor organization.		**************************************		and the second section of the second section is a second section of the second section	nome in the Control of the control o	
7. T 051tt	Me	ember Union Exec	utive Board	en john kahan menten kenanadaksa asamana	E	en andreide kan krommen var eileng der gemannt vor mat en groot en groot en groot en groot en groot en groot e	N - dan bo kadan kan mana sa salahasa masa sa
	ry value from an employer and address of Employer (in			1	re of Interest, Transaction, o		
3. Name	and address of Employer (in	cluding trade name, if ar	ny).	7.a. Natu	ure of Interest, Transaction, o	or Income.	
Name	and or the brighter from the first of the second se	a a monorma ma conservacione na columbia prominin Alemania color Armania del A	TO MICE COLONIA COLONIA CON CONTRACTOR CONTR	***************************************			
Trade I	lame, if any:			The state of the s			
P.O. B	ox, Bldg., Room No., if any	e en la companya de l	1904 (Manusana and Angland Angland and Angland Angland Angland Angland Angland Angland Angland Angland Angland		agenas nagadas as nagados a film sistem film s, films i fings a miser was summas agenegas sanar		***************************************
		and the consequences are stored and the second of the forest and second		7.b. Amo	ount.		
Street			***************************************				
City							
State		ZIP Code + 4	o e e e e e e e e e e e e e e e e e e e		Silva Artinova and and an		
	Information on	* k 4 %	my best bro	sent i	recollection.	***************************************	
		CHIE TOTH IS I) 2000 PI		CCOTTCCCTON		
			Sign	ature			
submi	gnature and verification. The ted in this report (including the signed's knowledge and belie	ne undersigned declares ne information contained	Sign s, under penalty of in any accompany	Perjury and	i other applicable penalties of ents), has been examined by	of the law, that all of the in the signatory and is, to th	formation se best of the

Date

Telephone Number

Name of Person Filing Kevin Neuendorf	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines ively seeking to represent, or directly to, or otherwise	S
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
Name Sheet Metal Workers Local Union	1. See schedule f	rom Form LM-10 - Part B attached.
Name Sheet Metal Workers Local Union	Union Trustee on J	oint Board of Trustees which
Trade Name, if any: No. 263 Health and Welfare Plan	administers Plan.	T ALCOHOLOGY
P.O. Box, Bldg., Room No., if any	Pagg/(4/20—14)	THE CONTROL OF THE CO
Street 1211 Wiley Blvd. SW	gamen lump tehmustutsjonten och still til reter i kannyr fret mannet på kommitte och	
Sueer Table Bloom and the sum of	11.b. Approximate dollar valu	e of such dealing.
City Cedar Rapids	12.a. Nature of interest held	d or income received.
State Iowa ZIP Code + 4 52404	1. See schedule f	rom Form LM-10 - Part B attached.
	12.b. Amount.	\$1,742
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	***************************************	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	War 1991	
Willy an annual state of the control		
particle control of the control of t		
State ZIP Code + 4		

Name of Person Filing Kevin Neuendorf	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	THE PARTY WARRANT TO THE PARTY	
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street			
State ZIP Code + 4		;	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Sheet Metal Workers Local Union Savings Plan	Expense reimbursement (cash) for attending educational conference as a Trustee of the Joint Board of Trustees which administer the Savings Plan 7/14/04.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	The constant of the constant o	and the second	
Street 1211 Wiley Blvd. SW	11.b. Approximate dollar value of such dealing.	\$741	
City Cedar Rapids	12.a. Nature of interest held or income received.	a communicación de alternação contratação communicação de alternação de alternação de alternações de alternaçõe	
State Towa ZIP Code + 4 52404			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		A Comment of the Comm	
Street			
State ZIP Code + 4		Termina in the second of the s	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

	ion No. 263 File Number				
Check Item Number (Irom Page 2) ITEM 8.a X ITEM 8.b To which this Part B applies	ITEM 8.c ITEM 8.d ITEM 8.e ITEM 8.f				
9.a. Agreement X Payment Both	9.c. Position In labor organization or with employer (if an independent				
	labor consultant, so state). Cad Dept. Union Sheet Metal Worker				
9.b. Name and address of person with whom or through whom a	9.d. Name and address of firm or labor organization with whom				
separate agreement was made or to whom payments were made.	employed or affiliated.				
Name Kevin Neuendorf	Organization				
HORIC REVIAL	Climate Engineering, Inc.				
	The second of th				
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any				
The state of the s	P.O. Box 401				
	The proof of the proof of the company of the compan				
Street 2939 61st Street Trail	Street 883 Shaver Rd NE				
City Vinton	City Cedar Rapids				
State I Cova ZIP Code + 4 52349	State Iowa ZIP Code + 4 52402 - 4507				
10.a. Date of the promise, agreement, or arrangement pursuant to	10.b. The promise, agreement, or arrangement was:				
which payments or expenditures were agreed to or made.					
professional designation of the contract of th	Oral Written' Both				
NOTE	("Written agreements entered into during the fiscal year must be attached.)				
11.a. Date of each payment or expenditure (mm/dd/yyyy). 11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)				
02/04/2004 289	Payment - Cash				
05/12/2004 237	Payment - Cash				

08/04/2004 264	Payment - Cash The committee of the com				
11/03/2004 211:	Payment - Cash				
07/14/2004 741	Payment - Cash				
and the second s					
12 Evaluin fully the girary property of all assumptions in the time of the state of					
12. Explain fully the circumstances of all payments, including the terms of any oral agree	ement or understanding pursuant to which they were made.				
Lost wages and conference expense					
·					